

Action Plan for ARIZONA

Definitions

ADHS/DBHS	Arizona Department of Health Services/Division of Behavioral Health Services
ADC	Arizona Department of Corrections
ADJC	Arizona Department of Juvenile Corrections
AOC	Administrative Office of the Courts
DES	(Arizona) Department of Economic Security
AHCCCS	Arizona Health Care Cost Containment System (Medicaid Administrator)
ADH	Arizona Department of Housing
RMS	Resource Management Task Force

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PRIORITY ONE: Create continuity of care across all systems and sectors for the highest risk and most vulnerable populations in need of co-occurring initiative coverage.						
Strategy(-ies)	Action(s)	Manager ¹	Implementer ²	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.1 Identify all sectors and systems needed to participate, invite representation	1.1.1 Identify and agree to the principles and tenets of integrated treatment and resiliency.	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC	List of principles agreed to	Meeting of involved agencies	January 2005
	1.1.2 Identify and crosswalk involved systems and identify barriers to co-occurring service delivery.	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC	Collaborative system profile and list of barriers	Meeting of involved agencies	January 2005
	1.1.3 Expand participation to additional state agency and community partners.	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC Other Agencies	Additional agency partners added.	Meetings of involved and new agencies	June 2005
	1.1.4 Identify opportunities to include co-occurring principles in strategic/operations plans of all appropriate systems and sectors.	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC Other Agencies	Principles included in all state plans.	<ul style="list-style-type: none">DBHS Strategic PlanRBHA Network DevelopmentOther Agency Plans	June 2005
	Action 1.1.5 Seek to create awareness of co-occurring disorders among children, families, educators. Develop an outreach program at the school level working with PTO’S, counselors, and related organizations. Utilize web based resources for background information, interactive learning and support.	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC Other Agencies	Plan and timeline for information to be added to websites.	Add referral info to websites of state agencies, and Parents Commission site	November 2005
Strategy 1.2 Develop a systematic approach across systems that fosters resilience and prevents co-occurring disorders.	Action 1.2.1 Seek to identify those at high risk and target for early identification, prevention, and intervention	Governor’s Division for SA Policy	Data Subcommittee	Profile of state’s high-risk populations	>Convene meeting with data subcommittee >ID high risk areas and populations	June 2005
	Action 1.2.2 Identify best practice prevention programs addressing co-occurring disorders.	Governor’s Division for SA Policy	Practice Subcommittee	List of best practice programs	>Convene meetings of Practice Subcommittee >Prepare EBP list	Aug 2005
	Action 1.2.3 Coordinate with Governor’s Resource Management System to define outcomes for prevention.	Governor’s Division for SA Policy	Practice Subcommittee	Define program outcome expectations	>Convene meetings with Practice Subcommittee	June 2005

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Strategy 1.3 Develop a systematic approach across systems for assessment, diagnosis and treatment of co-occurring disorders.	Action 1.3.1 Improve clinician skills to screen, assess and treat co-occurring disorders in children and adolescents.	Governor’s Division for SA Policy	ADHS/DBHS ADJC ADC ATTC	>Identify training materials >Devise plan for distribution of materials to stakeholders	>Distribute training materials to DES, ADC, ADJC and RHBA’s through ADHS/DBHS	September 2005
	1.3.2 Identify and implement evidence based models for families with substance abuse and criminal justice involvement. Particular focus on: <ul style="list-style-type: none">Juveniles with marijuana useChildren of incarcerated parentsImproving retention in treatmentMatching needs to servicesFocusing treatment on building skillsGender-specific and culturally-appropriate treatmentRelationship of co-occurring disorders to victimization and violence	Practice Subcommittee	ADHS/DBHS ADJC ADC ATTC Other agencies	ID evidence based programs for people involved with the juvenile and adults justice systems	>Convene workgroup to study evidence based programs tailored to justice system application >Provide an evidence based practice list to justice systems agencies and staff	August 2005
	Action 1.3.3 Develop referral linkages into the adult treatment system for families whose children are served by Child and Family Teams	Governor’s Division for SA Policy	ADHS/DBHS ADJC ADC DES	Integration and streamlining of referral processes	>convene meeting with Child and Family Team administrators to develop strategies that will streamline referral	August 2005
	Action 1.3.4: Maintain continuity with kids transitioning into adult system by designing programs that are age appropriate. Target the transition systems for the 18-25 year old group.	Governor’s Division for SA Policy	ADHS/DBHS	Provide an overview of evidence based programs that are age appropriate	>commence search for EBP’s >Match findings to current practice	September 2005
Strategy 1.4 Review Medicaid eligibility and disenrollment practices to support continuity of care, especially with incarcerated and hospitalized individuals.	Action 1.4.1 Engage AHCCCS Policy Action Office in a review of current and potential policies and practices regarding termination of benefits for incarcerated populations with COD’s.	Governor’s Division for SA Policy	ADC ADJC AHCCCS ADHS/DBHS	Provide policy recommendations to Governor and Arizona Drug and Gang Policy Council	>Meet with stakeholders >Draft policy recommendation	August 2005
	Action 1.4.2 Review 6-month Medicaid re-enrollment statute.	Governor’s Division for SA Policy	ADHS/DBHS AHCCCS Governor’s Office			Completed in 2004

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PRIORITY TWO: Ensure provision of co-occurring care that honors differences without disparities among cultural, linguistic, and geographic sectors						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 2.1 Review plan draft to assure it is culturally and linguistically appropriate	Action 2.1.1 Identify and engage experts in cultural competency to review the plan against the 14 CLAS standards	Governor’s Division for SA Policy	ADHS/DBHS, ADJC ADC Community participants	Action plan compliance with 14 CLAS standards	>Convene stakeholders >Prepare compliance recommendations	September 2004
	Action 2.1.2 Based upon input obtained, revise Plan accordingly	Governor’s Division for SA Policy	ADHS/DBHS	Agreement on responsiveness of action plan	>Convene stakeholders >Provide analysis for compliance >Provide recommendations	December 2004
Strategy 2.2 Review decision points along the continuum of care to identify points at which disparities occur.	Action 2.2.1 Request data from AHCCS, ADHS, ADC, AOC, ADJC to analyze processes and patterns of disproportionate need and utilization.	Governor’s Division for SA Policy	Resource Management Task Force – Data and Policy Subcommittees and special workgroup	Develop data that will support policy recommendations	>Acquire information >Report on outcomes from analysis >Provide policy recommendations	January 2006
	Action 2.2.2 Provide planning data to key community partners and state agencies.	Governor’s Division for SA Policy	Resource Management Task Force – Data and Policy Subcommittees and special workgroup	Provide recommendations to stakeholders	>Convene stakeholder meeting to report on findings	March 2006
Strategy 2.3 Assure models of care identified in 3.5.1 are culturally competent	Action 2.3.1 Examine models and EBPs that are demonstrated to work with culturally diverse populations.	Governor’s Division for SA Policy	Resource Management Task Force – Practice Subcommittee	Identify universe of culturally appropriate evidence based practice	>Complete survey of programs >Provide listing to RMS	December 2004
Strategy 2.4. Ensure translated documents are available where, when and as needed.	Action 2.4.1 Identify critical documents in justice, TXIX health system and children’s treatment setting and compile list for translation.	Governor’s Division for SA Policy	AHCCCS ADC ADJC AOC ADHS/DBHS	Identify and prioritize documents that still need to be translated	>Complete survey of documents >Devise plan to translate	February 2006
	Action 2.4.2 Work with agency cultural competency committees to initiate and disseminate translations.	Governor’s Division for SA Policy	Resource Management Task Force – Data and Policy Subcommittees and special workgroup	Increase in number of documents that are translated based on priority	Make recommendations concerning prioritization of document translation	February 2006

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PRIORITY THREE: Strengthen capacity of and improve coordination across the continuum of providers and stakeholders						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 3.1 Enhance current ADHS, ADC, ADJC, AOC initiatives involving severe and chronic offenders with multiple diagnoses who are commonly homeless.	Action 3.1.1 Improve clinical skills and competencies in jails and prisons	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC AOC	Provide training materials to implementers	>Identify number of training resources needed >Address funding for resources >Distribute resources	June 2005
	Action 3.1.2 Seek to leverage service provision of vocational and housing supports for incarcerated populations. <ul style="list-style-type: none">HUD restrictions on feloniesLocal law enforcement safe housing initiativeZoning restrictions	Governor’s Division for SA Policy	ADC ADJC AOC ADHS/DBHS DES ADH	Consensus on how to leverage service provision across state agencies	>Convene providers > Provide report to Arizona Drug and Gang Policy Council	July 2005
	Action 3.1.3 Seek to assure consistency in treatment models and approaches pre and post incarceration	Governor’s Division for SA Policy	ADC ADHS/DBHS	Provide plan for improving consistency in the therapeutic models pre and post incarceration	>Convene stakeholders >Develop consensus on improved integration of models	March 2005
	Action 3.1.4 Enhance coordination between justice and correctional settings with behavioral health and healthcare for persons transitioning into the community	Governor’s Division for SA Policy	ADC ADHS/DBHS AOC ADH	Develop an integrated reentry services design	>Convene stakeholders >Report on desired continuum	Aug 2005
Strategy 3.2 Create protocols on medication interaction and cross system management	Action 3.2.1 Assess availability of equivalent medications/forumulary in incarcerated and community settings to ensur medication does not change at reentry or release unless clinically indicated.	Governor’s Division for SA Policy	ADC ADHS/DBHS AHCCCS	Develop strategy to ensure consistency in medication management for people returning from prison	September 2005	

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Strategy 3.3 Build capacity of the workforce	3.3.1Support formal educational opportunities that meet the needs of the field	Governor’s Division for SA Policy	ADHS/DBHS ABHP/PSATTC ADC ADJC	>Working through the ADHS Higher Education Partnership Create and Inventory and Catalogue of co-occurring courses and programs available at Community Colleges and Universities. > With resources provided through the PSATTC develop and conduct a faculty retreat to provide curriculum material an information on co-occurring disorders to faculty at community colleges and Universities in the areas of counseling, criminal justice and related studies.	>Catalogue developed and distributed throughout the state > Faculty retreat convened	January 2005 June 2005
	3.3.2 Collaborate with the Board of Behavioral Health Examiners, AZPOST and other credentialing and licensing bodies to improve co-occurring competency through continuing education	Governor’s Division for SA Policy	ADHS/DBHS ABHP/PSATTC ADC ADJC	Develop a crosswalk of credentialing standards between ABHE, AZPOST and others; facilitate dialogue and develop incentives on common standards	Crosswalk/synthesis of standards developed	January 2005
	3.3.3 Create incentives to support recruitment, advancement, retention of professional staff and fill gaps in rural areas.	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC ABOR	Financial incentives including tuition loan forgiveness programs and rural placement financial incentives established	Concept paper developed Legislative appropriation introduced, passed, and enacted	October 2006
	3.3.4 Seek to improve access to training and clinical supervision for practitioners.	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC ABHP/PSATTC	More in-service training opportunities and supervision by co-occurring competent clinical supervisors available for clinicians	Number of co-occurring competency focused training and in-service educational events	January 2005
	3.3.5 Support opportunities for staff to participate in training while client care continues.	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC ABHP/PSATTC	More in-service training opportunities and supervision by co-occurring competent clinical supervisors available for clinicians	Number of co-occurring competency focused training and in-service educational events	January 2005

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Strategy 3.4 Recruit and retain diverse staff across systems.	Action 3.4.1 Find ways to assist agencies to fill staffing voids to meet specific cultural and linguistic needs	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC ABHP/PSATTC ABOR	Results from replicating process of cultural audits underway within ADHS-RBHA system within ADC and ADJC systems will identify critical cross agency gaps	Identified gaps in cultural and linguistic needs across systems identified Strategic plan identified articulated cross agency processes to fill gaps	October 2005
	Action 3.5.2 Support educational system to provide bicultural and bilingual training, to meet workforce needs.	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC ABHP/PSATTC ABOR	A comprehensive plan involving community colleges and Universities will be developed and implemented to enhance culturally and linguistically competent personnel preparation of future behavioral health professionals	Comprehensive plan developed and implemented	January 2006
	Action 3.5.3 Consider training certification and pay differential to support linguistic and cultural competency.	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC	A concept paper will be developed and presented to the department heads of ADHS, ADC, and ADJC with specific recommendations for training certification and pay differential	Concept paper developed and presented	January 2006
Strategy 3.5 Engage the Governor’s Resource Management Task Force on the issue of co-occurring disorders.	Action 3.5.1 Presentation to Practice and Data Committees.	Governor’s Division for SA Policy	Policy Academy Team	Embed awareness of co-occurring disorders in Committee deliberations.	>Convene meeting with Practice, Data and Academy Team	October 2004
Strategy 3.6 Partner with Peer organizations to deliver services and education	Action 3.6.1 Identify an inventory mental health and substance abuse peer support organizations throughout the state	Governor’s Division for SA Policy	Resource Management Task Force – Practice Subcommittee	Create list of providers who specialize in peer support services in the state	>Request support information for Practice Subcommittee >Complete inventory	October 2005
	Action 3.6.2 Develop and provide to identified organizations client-friendly information about the prevalence of co-occurring disorders and best treatment approaches for dissemination to their members	Governor’s Division for SA Policy	University of Arizona Arizona State University ADHS/DBHS	Create listing of sources and materials for mail or web distribution	>Search for information >Report findings and make recommendations as to what seems to be most useful	February 2006
	Action 3.6.4 Work with existing treatment organizations to help facilitate provision of peer-support services that are co-occurring competent	Governor’s Division for SA Policy	ADHS/DBHS ADC ADJC DES	Increase knowledge in provider community	>Convene provider meetings to inform/train >Introduce literature findings and web sites	April 2006

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PRIORITY FOUR: Align the multiple funding streams (mechanisms) to support a sustainable continuum (of services) for high-risk co-morbid populations						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 4.1 Explore braided and pooled funding	Action 4.1.1 Consider system and training needs to initiate TXIX eligibility paperwork prior to release from incarceration.	Governor’s Division for SA Policy	ADC ADHS/DBHS	Initiation of eligibility determination prior to release from custody		Completed 2004
	Action 4.1.2 Analyze barriers to integrated funding	Governor’s Division for SA Policy	ADHS/DBHS ADC AHCCCS DES	Understanding of barriers and opportunities to integrating funding where possible.	>Convene stakeholder meeting >Report on findings	March 2006
Strategy 4.2 Aggressively pursue COSIG and other discretionary funding opportunities	Action 4.2.1 Governor’s Office to submit Co-Occurring State Incentive Grant	Governor’s Division for SA Policy	Michael Shafer	Enhanced funding availability for implementing and supporting Policy Academy targets		Proposal Submission June 8, 2004
	Action 4.2.2 Continue scanning for funding opportunities as these become available.	Governor’s Division for SA Policy	Arizona Federal Interagency Grant team	Compete for federal and other funds that will support the action plan	Report on grant opportunities to Arizona Drug and Gang Policy Council	On going

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PRIORITY FIVE: Developing the Continuous Quality Improvement processes that allow us to inform and validate our efforts						
Strategy(-ies)	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 5.1 Create data models to enhance information flow and illustrate population risk characteristics	Action 5.1.1 Modify the quadrant data model for appropriateness for children to generate reports on age bands source of referral origins, level of impairment, etc. Review tools and examples in use elsewhere.	Governor’s Division for SA Policy	ADHS/DBHS Southwest ATTC DES		Request CSAT TA	March
	Action 5.1.2 Modify the quadrant model for criminogenic factors and incarcerated populations.	Governor’s Division for SA Policy	ABHP/PSATTC ADHS ADC ADJC	A crosswalks of existing screening and assessment tools in use by ADHS/ADJC, ADC, and AOC will be constructed and analyzed to identify common cut points, sample distributions, and correlated measures across systems	Request CSAT TA	September 2005
	Action 5.1.3 Develop tools to determine outcome of co-occurring effort; analyze for populations reached, not reached, ease of system sector communication.	Governor’s Division for SA Policy	ABHP/PSATTC ADHS ADC ADJC	Develop a gap analysis model that will identify proportion of population served and un-served by the agencies	Co-occurring treatment gap state report issued	June 2006
Strategy 5.2 Collect data on race, ethnicity, and priority language to study patterns and support system wide cultural competency initiatives.	Action 5.2.1 Utilize agency data findings to develop tools and training on co-occurring disorders in minority and non-English speaking populations.	Governor’s Division for SA Policy	ADHS/DBHS	Results from replicating process of cultural audits underway within ADHS-RBHA system within ADC and ADJC systems will identify critical cross agency gaps		
Strategy 5.3 Assess outcomes of co-occurring care across systems.	Action 5.3.1 Collect and compare agency data/reports on shared outcomes for persons with co-occurring disorders.					

Comment [CRD1]: I would recommend eliminating this action, it is not concistent with most of our focus on CJ systems.....the work of this action is resource intensive and time consuming